

# Advice Fee: payment by invoice

Complete and sign this form to consent to paying the advice fee for personal advice from TelstraSuper Financial Planning by invoice.

A

## Your information (Single person or Spouse 1)

Title  Mr  Mrs  Miss  Ms  Other

Surname  Member number (if applicable)

Given name(s)  Date of birth

Residential address (PO Box not acceptable)

Suburb  State  Postcode

Mobile  Home phone no.  Business phone no.

Email address

## Your information (Spouse 2 where applicable)

Title  Mr  Mrs  Miss  Ms  Other

Surname  Member number (if applicable)

Given name(s)  Date of birth

Residential address (PO Box not acceptable)

Suburb  State  Postcode

Mobile  Home phone no.  Business phone no.

Email address

B

## Advice fee

\$  (plus GST)

C

## Authorisation

- I/we agree to pay the advice fee specified in section B for the personal advice to be provided to me/us by TelstraSuper Financial Planning.
- I/we understand an invoice for the advice fee will be issued to me/us with the Statement of Advice and that the invoice is payable within seven days from the date of the invoice.

Name (Single person or spouse 1):

Name (Spouse 2 where applicable):

Signature

Signature

X

X

Date

Date

**Office Use Only**

Invoice number	<input type="text"/>
Adviser signature	<input type="text"/>
Copy of completed form provided to client	<input type="text"/>
Date SoA issued	<input type="text"/>

**Please return the completed form to:**  
**Email [fas@telstrasuper.com.au](mailto:fas@telstrasuper.com.au)**

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